

12-26-07 10125723 J1021

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

CHECK BOX, if applicable:

☐ DUPLICATE

Address to:

Assistant Commissioner for Patents
Box PATENT APPLICATIONS
Washington, D.C. 20231

Customer No.: 022844

Attorney Docket No.: 198-1276

Inventors: Robert Hammerle, Jeffrey Hepburn

Express Mail No: EL764777180US

Total Pages:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
| 1. <input checked="" type="checkbox"/> Specification | Total Pages: | <input type="text" value="28"/> |
| 2. <input checked="" type="checkbox"/> Drawings | Total Sheets | <input type="text" value="8"/> |
| 3. Oath or Declaration | Total Pages | <input type="text" value="2"/> |
| a. <input type="checkbox"/> New executed (original or copy) | | |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed) | | |
| [Note Box 4 below] | | |
| i. <input type="checkbox"/> DELETION OF INVENTORS | | |
| Signed statement attached deleting inventor(s) named in the
prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | |

4. ☐ Incorporation By Reference (useable if Box 3b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the disclosure of the accompanying application and is hereby incorporated by reference therein.

- | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) | |
| 6. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) | |
| 7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) | <input type="checkbox"/> Power of Attorney |
| 8. <input type="checkbox"/> English translation Document (if applicable) | |
| 9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 10. <input type="checkbox"/> Preliminary Amendment | |
| 11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| 12. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) | |
| 13. <input type="checkbox"/> Please cancel claim(s) _____ | |
| 14. <input type="checkbox"/> Please add the following after the Title of the Invention: | |

This is a Continuation In Part of U.S. Serial No. 09/322,299, filed 05/28/1999.

15. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1510. If insufficient funds, please charge to Deposit Account No. 06-1505
- | | |
|----------------------------------------|----------------------------------|
| a. <input checked="" type="checkbox"/> | Fees required under 37 CFR 1.16. |
| b. <input checked="" type="checkbox"/> | Fees required under 37 CFR 1.17. |
| c. <input type="checkbox"/> | Fees required under 37 CFR 1.18. |

16. ☐ Other: _____

17. ☒ If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)
of prior application No.: 09 / 322,299

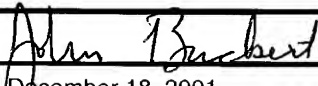
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c))		18	-0-	x\$18	-0-
INDEPENDENT CLAIMS (37 CFR 1.16(b))		4	1	x\$80	80.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				X\$270	
				BASIC FEE (37 CFR 1.16(a))	\$710.00
				Total of Above Calculations =	\$790.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
				TOTAL =	\$790.00

18. CORRESPONDENCE ADDRESS

☒ Customer Number **022844** or ☐ Correspondence address below
or Bar Code Label (Insert Customer No. or Attach bar code label here).

NAME	John Buckert				
ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE	313-323-1617	FAX	(313)322-7162

18. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	John Buckert
SIGNATURE	
DATE	December 18, 2001